



Patrol: _____

Menu Planner

	Breakfast	Lunch	Dinner
Day 1: _____	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:
Day 2: _____	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:
Day 3: _____	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:
Day 4: _____	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:	1. 2. 3. 4. Drink:
1. Meat, Poultry, Fish, Eggs 2. Milk & Milk Products		3. Vegetables & Fruits 4. Breads, Cereals & Pasta	

Duty Roster

	Breakfast	Lunch	Dinner
Day 1: _____	A. B. C. D.	A. B. C. D.	A. B. C. D.
Day 2: _____	A. B. C. D.	A. B. C. D.	A. B. C. D.
Day 3: _____	A. B. C. D.	A. B. C. D.	A. B. C. D.
Day 4: _____	A. B. C. D.	A. B. C. D.	A. B. C. D.
A. Cook B. Assistant Cook, Trash		C. Dishwasher D. Dish Dryer, Water Boy	

Patrol Equipment

- | | | |
|---|--|---|
| <input type="checkbox"/> Water Filter | <input type="checkbox"/> Pot Holder | <input type="checkbox"/> (2) Dish Towels |
| <input type="checkbox"/> Stove & Fuel | <input type="checkbox"/> Sponge & Scouring Pad | <input type="checkbox"/> Collapsible Water Bucket |
| <input type="checkbox"/> Small Pot w/ Lid | <input type="checkbox"/> Camp Soap | <input type="checkbox"/> Wash Basin |
| <input type="checkbox"/> Large Pot w/ Lid | <input type="checkbox"/> Cooking Oil | <input type="checkbox"/> Utensil Kit |
| <input type="checkbox"/> Fry Pan | <input type="checkbox"/> Spatula | <input type="checkbox"/> |

Food Checklist

<u>Item</u>	<u>Amount</u>	<u>Price</u>
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
<input type="checkbox"/>	_____	\$ _____ .
		\$ _____ .
	Total	\$ _____ .
	# of Patrol Members	_____
	Cost Each	\$ _____ .